

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212522473					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ERGON - WEST VIRGINIA, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MS</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: F1430224</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000	
CLASS	AUTHORIZED						
COMMON	10,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2829 LAKELAND DRIVE MIRROR LAKE PLZ</p> <p style="text-align: center;">CITY/ST/ZIP: JACKSON, MS 39232</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LESLIE B LAMPTON III TITLE: DIRECTOR ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: LESLIE B LAMPTON III TITLE: DIRECTOR ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LESLIE B LAMPTON TITLE: CHAIRMAN ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: LESLIE B LAMPTON TITLE: CHAIRMAN ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: H. DON DAVIS TITLE: PRESIDENT ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: H. DON DAVIS TITLE: PRESIDENT ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: H. DON DAVIS TITLE: PRESIDENT ADDRESS: P O BOX 1639 CITY/ST/ZIP/CO: JACKSON, MS 39215-1639	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	LEE C LAMPTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	ROBERT H LAMPTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	A. PATRICK BUSBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP / CFO		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	JOHN H WALLACE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	C. ED HUDGINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	BILL JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	ALAN WALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	LANCE MAZEROV	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	KIRK LATSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
NAME:	NEIL STANTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 356		
CITY/ST/ZIP/CO:	NEWELL, WV 26050-0356		
NAME:	JANIS H ERIKSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P O BOX 1639		
CITY/ST/ZIP/CO:	JACKSON, MS 39215-1639		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ KATHRYN W STONE	KATHRYN W STONE, S/T/EVP	6/15/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		